

WAIVER OF JURY ATTENDANCE FEES

I, _____, hereby waive payment of my \$40.00/day jury
(Name)

attendance fee.

PLEASE CHECK ONE BOX:

- ☐ I want to be paid for my expenses only (mileage, tolls, parking, and/or per diem).
NOTE: You will receive a check for expenses only.
- ☐ I want to waive payment of my expenses (mileage, tolls, parking, and/or per diem). NOTE: You will not receive a check.

Date: _____

Signature of Juror

LAWRENCE K. BAERMAN, CLERK

BY: _____
Deputy Clerk

NOTE:

- Please fax your executed waiver to the Jury Administration Office at (315) 234-8501.
- Checks are issued during the first week of each month. To avoid payment of the attendance fee, please submit your waiver to the jury office by the end of the month in which you appeared.